his patients for periods varying from one month to twelve years. It is more than probable that the proportion of failures was much higher among the non-reporting patients than among those subsequently under observation. This statement is based largely upon the much larger proportionate number of women that apply for treatment after operations of a conservative nature done by other surgeons as compared to operations of a radical nature. The experience of many gynecologists in operations following "would-be" conservative operations by themselves and by others has driven them to abandon the "conservative" plan.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

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A New Method of Entering the Maxillary Sinus through the Nose.—VAIL (*Laryngoscope*, January, 1908) penetrates the wall of the antrum with a special perforating bistoury, with which he then enlarges the cut, forward and backward, to permit the introduction of a special grooved saw, with which he saws out a large piece, making a large oval opening in the wall. In this operation sacrifice of the anterior portion of the inferior turbinate is avoided.

New Operation on Accessory Sinuses of the Nose.—WILLIAMS (*Bristol Med.-Chir. Jour.*, March, 1908) contributes an illustrated lecture on suppurative diseases of the nose and ear, with special reference to some newer methods of treatment. Williams' method, for which we have not space to detail, is an osteoplastic procedure which gives very free access to the ethmoid cells, sphenoidal sinus, and frontal sinus, and yet avoids the destruction of the nasal bone; and above all does not leave a depressed pit below the bridge, because no bridge has been made.

Trichinosis of the Upper Respiratory Passages.—MACKENTY (*Amer. Med.*, February, 1908) reports 4 cases, in 2 of which throat symptoms predominated in the form of œdema of the larynx. Three lived in the same house and the other in the same block. All of them gave a history of eating ham bought from a store in the vicinity.

Serum Therapy in Epistaxis.—SCHIFFERS (*Arch. Internat. de Laryng., d'Otol., et de Rhin.*, January and February, 1908) discusses this subject and reports 2 cases of his own, one in a hemophilic and one in a subject of essential purpura, in which the dyscrasia was successfully combated by hypodermic injections of fresh serum from the rabbit.

A Nasal Sporozoon.—JONATHAN WRIGHT (*New York Med. Jour.*, December 21, 1907) discusses, describes, and depicts the microscopic findings in a nasal sporozoön which he has studied from sections of a morbid growth sent to him by Dr. Ellett, of Memphis, which he believes to be identical with a growth of similar nature reported by Major Kinealy, of London (*Journal of Laryngology*, 1903). Wright names this parasitic protozoa, Rhinosporidium kinealyi, and states that it belongs to one of the most simple and primitive of the sporozoa.

Wounds of the Optic Nerve in Operations on the Nose.—ONODI (*Arch. internat. de laryng., d'otol., et de rhin.*, March to April, 1908) discusses the subject of wounds of the optic nerve produced by opening and emptying the posterior ethmoidal cells and the sphenoidal sinus, as well as in radical operations upon the frontal sinus and even in operations upon the septum of the nose. He attributes the result to either direct or indirect fracture of the optic canal.

Morbid Growths of the Pharynx.—MAGNE (*Rev. hebd. de laryng., d'otol., et de Rhin*, April 4, 1908) reports a case of benign growth of the size of a pigeon egg in the inferior portion of the pharynx of a man, aged sixty-three years. Under light cocainization of its pedicle the growth was readily removed without hemorrhage by the electric incandescent snare. Examination of the tumor revealed it as a fibromyxoma. Magn gives a general summary of benign growths of the buccal and inferior portions of the pharynx.

Direct Lateral Laryngoscopy and Œsophagoscopy.—MOSHER (*Boston Med. and Surg. Jour.*, February 6, 1908) places the patient flat on the back with the head turned on the left cheek; and then, usually under ether anesthesia, he uses a bivalve speculum which he has devised and which is a combination of a tongue depressor and mouth gag, made for use upon the left side so that the operator can have his right hand for the manipulation of instruments. It exposes a larger field to vision than any other device hitherto employed, and utilizes the shortest anatomical route to the larynx and to the œsophagus.

Bronchoscopy.—A. INGALS (*Jour. Amer. Med. Assoc.*, March 7, 1908), in reporting the removal of a pin fom the lung by upper bronchoscopy, refers to several severe electric shocks which he has received from the Kirstein light on his forehead while doing bronchoscopy and lighter shocks from the carrier of the small light passed through the tubes, and he has appreciated some danger in similar shocks to the patient. To prevent this he now wears rubber gloves and rubber overshoes and places his stool upon a rubber sheet. To guard the patient there are rubber castors on the table, but he thinks that we have all overlooked the possibility of the electric charge passing from the instruments through the patient and the assistants. He puts the question whether some of the hitherto inexplicable deaths from bronchoscopy may not have been due to galvanization of the vagus nerves; danger from which by instruments introduced for electrolysis of œsophageal strictures is well known to laryngologists; and in bronchoscopy the metal tube is quite as close to these nerves as the electrode would be in the electrolytic procedure mentioned, and in unexpected ways the current may be passed through them. [It is for this reason that cautious laryngologists prefer to use the current from the battery rather than to utilize the street current when electric lights are to be passed into the interior of the body. J. S.-C.]

Papillomas of the Larynx in Young Infants.—Van Den Wildenberg (*Arch. internat. de laryng., d'otol., et de rhin.*, November and December, 1907) reports two cases of papillomas in infants, aged seventeen and eighteen months, respectively, in which the diagnosis was made by direct laryngoscopy with Killian's spatula under general anesthesia, with the head in the Rose position; the growths were removed by direct access with Killian's cutting forceps. In one case, however, cyanosis took place as a tumor was removed, and immediate tracheotomy was necessary. The next day remnants of the growth were removed by direct access as before. Both cases terminated favorably.

Sarcoma of the Mediastinum Invading the Thyroid Gland.—Snyder (*Jour. Amer. Med. Assoc.*, March 7, 1908) reports a tumor of the thyroid gland apparently connected with a mediastinal growth in a man, aged thirty-seven years, which was removed in extremis on account of the dyspnœa. The breathing, however, was only temporarily relieved and the patient died forty-five days after the operation. The autopsy revealed a large tumor occupying the entire mediastinum and adherent to all the neighboring organs except the left lung, while both lungs were completely collapsed and absolutely flat. The growth was found to be a round-cell sarcoma.

PATHOLOGY AND BACTERIOLOGY.

UNDER THE CHARGE OF

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Experimental Pleurisy.—Opie (*Jour. Exp. Med.*, 1907, ix, 391) has been able to produce quite an extensive exudate into the pleural cavity of dogs by injections into this cavity of small amounts of turpentine. The pleurisy which is thus produced resembles in many respects certain forms of this disease in man, and by percussing the chest of the dog it is readily possible to follow the rapid accumulation of the exudate during the acute stages as well as its gradual disappearance. The exudate is a coagulable fluid. The serous surfaces become covered by a layer of fibrin. The acute stage lasts about six days, while the fluid reaches its height in about three days. After six days the fluid has